



**TOWN OF HINGHAM
BOARD OF HEALTH
APPLICATION FOR THE LICENSING OF
ANIMALS OR FOWL**

I. GENERAL INFORMATION

APPLICANT _____

HOME ADDRESS _____

MAILING ADDRESS _____

PHONE: () _____ FAX: () _____

BUSINESS NAME _____

BUSINESS ADDRESS(ES) _____

PHONE: () _____ FAX: () _____

LOT SIZE _____ S.F. PERCENT OF LOT WITH WETLANDS _____

MAXIMUM NUMBER OF ANIMAL UNITS TO STABLED OR CAGED _____

TYPE OF ANIMAL(S) AND/OR FOWL _____

II. ANIMAL OPERATION APPLICATION REQUIREMENTS

- a) A plan of the proposed stable showing the property to be used, the location of any streams, drains adjacent dwellings and the location of the stable, paddocks, lofts, coops and appurtenances thereto.
- b) A floor plan of the proposed stable, coop or loft.
- c). Information relative to provision of water supply, drainage, manure management plan, pest management plan and refuse disposal plan.
- d) Name of Veterinarian for each animal.
- e) Information as required under Section 3-5 of the Regulations.

➤ **PLEASE ATTACH SUPPORTING DOCUMENTS WITH THIS APPLICATION**

Signature _____

Application Approved by _____

Date _____

Application Disapproved by _____